

Team Based Care

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Outline

- What is Team Based Care
- How to achieve it
 - Assess
 - Leadership
 - Create and refine teams
 - Job descriptions
 - Communication
 - Patient engagement
- Examples
- Resources

NCQA CONCEPT TEAM BASED CARE (TC)

Criteria

Core: 5

Elective: 7

Total: 12

“Practice provides continuity of care, communicates roles and responsibilities of the medical home to patients/families/caregivers, and organizes and trains the staff to work at the top of their license and provide effective team based care.”

The Big Picture

“Good relationships among provider team members create the foundation for good relationships with patients. All of these relationships are essential to the formation of successful patient-centered care teams.”



TC Competency A

The practice is committed to transforming the practice into a sustainable medical home. Members of the care team serve specific roles as defined by the practice's organizational structure and are equipped with the knowledge and training necessary to perform those functions.

Assess

- Gather a baseline
 - Organizational structure
 - Care Teams

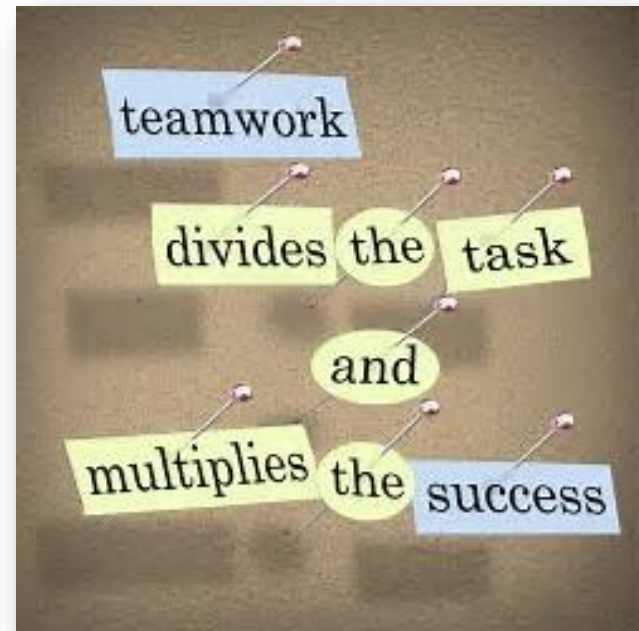


Leadership

- Designate “champions” (TC01)
 - Clinical
 - Administrative
- Qualities of a champion
 - Interested
 - Engaged
 - Ready to move PCMH forward

How: Create/refine your teams

- Core (TC02)
 - Provider and clinical staff
 - RN, LPN, MA
- Extended
 - Other important roles
 - LSCW, Behavioral Health Care Manager, Registered Dietitian, Community Health Workers, Patient Navigators, Care Coordinators, Pharmacists, and Receptionists
- Test
- Think outside the box!



Job Descriptions

REVIEW

- Does the current descriptions support PCMH tasks? (TC02)
- Does the descriptions contain PCMH language?
- Which staff are involved in quality improvement activities? (TC07)
 - How are they involved? (TC07)

RECREATE

- Make edits to reflect the current work
- Sets a standard

Example Job Descriptions

PCMH Language

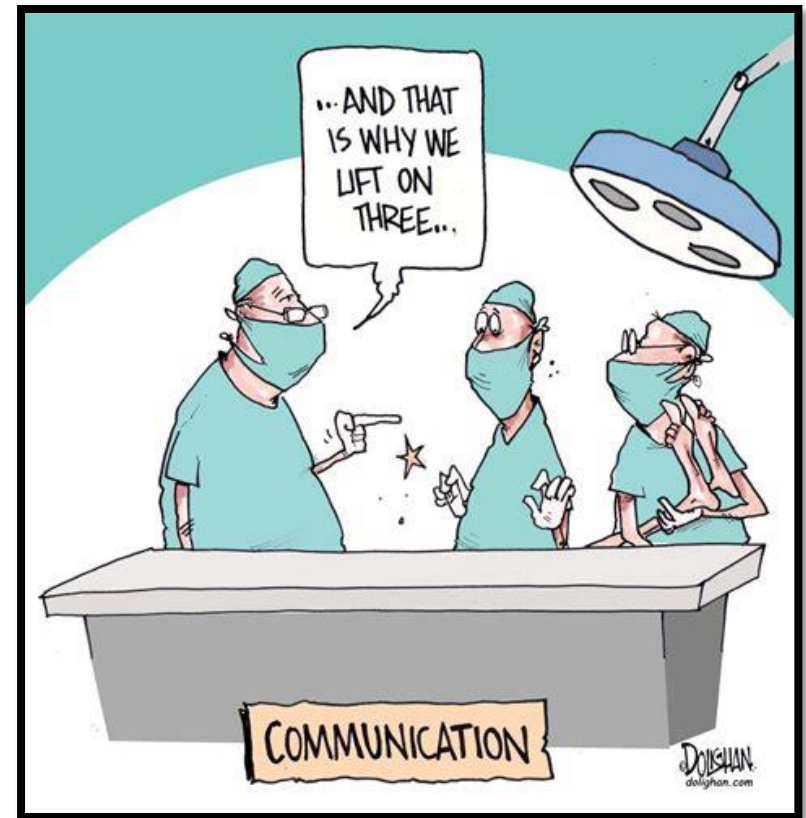
- “Provides coordination.”
- “Communicates and coordinates with entire care team.”
- “Is an active member of the care team.”
- “Helps with panel assignments and population health management.”
- “Works with a multidisciplinary team.”
- “Provides comprehensive, quality and accessible health care services.”
- “Participates in regular huddle meetings.”
- “Tracks completion of referrals by obtaining the reports.”
- “Maintains patient engagement.”
- “Identifies barriers self management plan and meeting goals.”

TC Competency B

Communication among staff is organized to ensure that patient care is coordinated, safe, and effective.

Communication

- How does your practice communicate?(TC06)
 - Interactions between front and back office
 - Determine a regular meeting time and place
 - Review patients for the day
 - Track
 - Messages in EHR, huddle books, checklists, etc.
 - Utilizing the time to scrub charts



Documentation examples

Huddle Warm-Up

Scrub Report for: _____ Clinic Date: _____ Completed by: _____

Appt Time	Last Name/ Last 4 MR	New or F/U Last seen?	Confirmed Appt	Pre-Clinic Labs	Pertinent Lab Values	Screening/ Immunizations Needed	Health Coaching/ Patient Concerns/ Consults/Etc.	FOLLOW UP (Post Huddle or Appt)
		D New Patient D F/U last Seen:	D Yes D No D Cancelled D Resched	D Completed D Not Done D Pt called D N/A-no orders		D Td / TdaP D CRC D Pneumovax D Mammo D Influenza/H1N1 D Pap D Other:		
		D New Patient D F/U last seen:	D Yes D No D Cancelled D Resched	D Completed D Not Done D Pt called D N/A-no orders		D Td / TdaP D CRC D Pneumovax D Mammo D Influenza/H1N1 D Pap D Other:		
		D New Patient D F/U last seen:	D Yes D No D Cancelled D Resched	D Completed D Not Done D Pt called D N/A-no orders		D Td / TdaP D CRC D Pneumovax D Mammo D Influenza/H1N1 D Pap D Other:		
		D New Patient D F/U last seen:	D Yes D No D Cancelled D Resched	D Completed D Not Done D Pt called D N/A-no orders		D Td / TdaP D CRC D Pneumovax D Mammo D Influenza/H1N1 D Pap D Other:		

Documentation Examples

Date:	Start time:
Huddle leader:	
Team members in attendance:	
Check in with the team	
	How is everyone doing?
	Are there any anticipated staffing issues for the day?
	Is anyone on the team out / planning to leave early / have upcoming vacation?
Huddle agenda	
	Review today's schedule
	Identify scheduling opportunities <ul style="list-style-type: none"> • Same-day appointment capacity • Urgent care visits requested • Recent cancellations • Recent hospital discharge follow-ups
	Determine any special patient needs for clinic day <ul style="list-style-type: none"> • Patients who are having a procedure done and need special exam room setup • Patients who may require a health educator, social work or behavioral health visit while at the practice • Patients who are returning after diagnostic work or other referral(s)
	Identify patients who need care outside of a scheduled visit
	Determine patient needs and follow up <ul style="list-style-type: none"> • Patients recently discharged from the hospital who require follow up • Patients who are overdue for chronic or preventive care • Patients who recently missed an appointment and need to be rescheduled
	Share a shout-out and/or patient compliment
	Share important reminders about practice changes, policy implementation or downtimes for the day
	End on a positive, team-oriented note <ul style="list-style-type: none"> • Thank everyone for being present at the huddle
	Huddle end time:

TC Competency C

The practice communicates and engages patients on expectations and their role in the medical home model of care.

Patient Engagement

- Communicate to your patients

(TC09)

- New patients
- Current patients

- What?

- PCMH
- Their role
- Evidence based care
- Access and availability
- Care team

- Various methods

- Newsletters
- Newspaper articles
- Website
- Brochures
- Handbooks

- Start now!

- “PCMH under construction”



Patient Engagement Examples

Patient Resource Manual

Shoshone-Bannock
Tribal Health and Human Services
and
Indian Health Services
Fort Hall Service Unit



Continually improving our health care to be a trusted patient-centered medical home.

Patient Centered

We understand that the patient is the most important part of the care team. As such, we partner medical staff with patients and their families to ensure that the patients' wants, needs, preferences, and knowledge support their desire to make decisions and participate in their own care.

Comprehensive Care

Our providers work as a team, and are accountable for a patients' physical and mental needs, including: prevention, wellness, acute and chronic care.

Coordinated

Our team will help organize your health care needs through the broader health care system including: specialty care, hospitals, home health, as well as other community services.

Accessible

Patients can access shorter wait times at Portneuf Primary Care & Behavioral Health Clinic. Roberta Turner, NP is currently working with the other providers to see same-day follow-ups and same-day urgent appointments

Your patient guide for quality health care



HealthWest
Community Health Center

Tools and Resources

- Primary Care Team Guide
 - <http://improvingprimarycare.org/>
- Huddle Guide to Implementation
 - <https://www.stepsforward.org/modules/team-huddles>
- Huddle Video Examples
 - <https://www.youtube.com/watch?v=8Q8Cexq1fAw&feature=youtu.be>
 - <http://www.youtube.com/watch?v=dJrORZEiXpo>

Idaho Example



Locations

Aberdeen

American Falls

Chubbuck

Downey

Lava Hot Springs

Preston

Dental

Pocatello

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Questions



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